

DoD Sexual Assault/Sexual Harassment Safety Assessment Worksheet: **Health Care Provider Version**

This worksheet can be used by health care providers to conduct a brief safety assessment with patients who disclose sexual assault or sexual harassment.

Use this worksheet to assess the safety of a patient who discloses sexual assault or sexual harassment. Ask the patient each question and use the information to facilitate the development of a safety plan with the patient. Advise the patient that responses are voluntary and will not be documented in the medical record.

Part 1. Preliminary Screening

1. Was patient sexually assaulted by spouse or intimate partner, or is patient under 18 years of age?	<ul style="list-style-type: none"> If "YES," refer to Family Advocacy Program for next steps and safety assessment/planning
2. Has patient spoken to a Sexual Assault Response Coordinator (SARC) or Sexual Assault Prevention and Response Victim Advocate (SAPR VA)?	<ul style="list-style-type: none"> If "YES," request written Release of Information (ROI) to coordinate safety plan with SARC/SAPR VA, as needed If "NO," discuss referral to SARC/SAPR VA. If patient declines referral, ensure patient has "Sexual Assault Health Care Support for Patients" pamphlet
3. Has patient previously answered questions about safety or completed a safety plan?	<ul style="list-style-type: none"> If "YES," complete safety assessment and review prior safety plan with patient If "NO," continue to complete safety assessment and safety plan

Part 2. Crisis Risk Screening

- Check medical records to determine if the patient has already completed the PTSD Checklist (PCL), Patient Health Questionnaire (PHQ), and the Alcohol Use Disorders Identification Test (AUDIT); if previous psychological health screens have been completed, use clinical judgment to determine if the patient should repeat screening to obtain additional or updated information
- If previous screening information is unavailable in medical records, administer psychological health screens. If the patient screens positive, discuss referral for mental health or appropriate treatment

4. Does patient have thoughts of harming self or someone else?	<ul style="list-style-type: none"> If "YES," discuss referral for mental health treatment <ul style="list-style-type: none"> If military patient declines mental health referral after answering "YES" to #4 and/or #5, contact military treatment facility (MTF) and request discussion with a mental health provider who is credentialed to conduct a command directed mental health evaluation to assess for imminent dangerousness, prior to release of patient NOTE: If patient is non-military and declines referral to mental health after answering "YES" to #4 and/or #5, contact 911 or other emergency services to consider involuntary commitment
5. Has patient intentionally harmed self since the sexual assault/sexual harassment and/or other related events?	

Part 3. Physical Health Screening

6. Does patient have any physical health needs or concerns about physical injuries?	<ul style="list-style-type: none"> If "YES," offer referral to appropriate health care provider Request ROI to communicate with patient's primary care manager (PCM)/other health care provider
7. For patients who disclose sexual assault: Has patient been offered a sexual assault forensic examination (SAFE)?	<ul style="list-style-type: none"> If "NO," provide SAFE education <ul style="list-style-type: none"> If sexual assault occurred within past week, offer SAFE and referral for SAFE, if desired If sexual assault occurred more than one week ago and you are not the patient's PCM, consult with PCM without providing personally identifiable information (PII)



Part 4. General Safety Assessment

8. Does patient feel safe at home/quarters?	▪ Provide home/quarters safety education tailored to patient's responses
9. Does patient have weapons or access to weapons in home/quarters?	▪ If "YES," discuss weapons safety; discuss ways to temporarily limit access to weapons
10. Does patient feel safe in public or at work/school?	▪ Discuss ways to improve safety at work/school, such as checking in with family/friends or using security escorts, etc.

Part 5. Safety from the Accused Perpetrator Assessment

11. Does patient feel at risk of harm from the accused perpetrator as a result of disclosure of the sexual assault/sexual harassment? – Does patient come into contact with the accused perpetrator? – Does the accused perpetrator know where patient lives, works, or spends time regularly?	▪ If "YES," provide patient with information on how to contact legal, security, and law enforcement and the process of obtaining a protective order ▪ Discuss ways to avoid/reduce frequency of contact with the accused perpetrator and a plan to prepare for these situations
12. Has the accused perpetrator contacted patient using social media accounts?	▪ If "YES," encourage patient to remove the accused perpetrator from the account, review and adjust security/privacy settings and/or close the account
13. Has the accused perpetrator posted anything about patient online?	▪ If "YES," provide patient with information on how to contact law enforcement, if appropriate
14. Does patient feel at risk of harm from the accused perpetrator's co-workers, friends, or family because of having disclosed the sexual assault/sexual harassment?	▪ If "YES," provide patient with information on how to contact legal, security, and law enforcement. Inform patient to consider a protective order, if appropriate, and encourage patient to discuss details with a SARC/SAPR VA

Part 6. Workplace Safety Assessment

15. Does anyone in patient's command know about the sexual assault/sexual harassment?	▪ If "YES" to any of these questions: – Inform patient to consider discussing, if applicable, with SARC/SAPR VA and Special Victims' Counsel (SVC)/Victims' Legal Counsel (VLC) about how to initiate with the convening authority/commander an expedited transfer – Inform patient to consider discussing workplace concerns with SARC/SAPR VA, SVC/VLC and/or Inspector General (IG) if appropriate
16. Does patient see the accused perpetrator at work?	
17. Is the accused perpetrator a person who has authority over patient at work or in the command?	
18. Has patient experienced any negative response (i.e. reprisal, ostracism, or bullying) from the command since the sexual assault/sexual harassment and/or related events or as a result of having reported the sexual assault/sexual harassment?	

Continue to complete Brief Sexual Assault/Sexual Harassment Safety Plan with the patient.

- Discuss with patient the importance of keeping the safety plan and other important documents (such as driver's license, insurance papers, birth certificates, passports, etc.) in a safe and secure place
- Schedule follow-up/check-ins with the patient. At these follow-up appointments, meet with patient and discuss whether updates to the safety plan are necessary
- Ensure patient leaves with a paper copy of the safety plan
- Ensure patient has a copy of "[Sexual Assault Health Care Support for Patients](#)" resource
- Document completion of safety assessment and plan in patient's medical record; do not keep a copy of the safety assessment or plan in the medical record

This worksheet was developed in accordance with [Department of Defense Instruction \(DoDI\) 6495.02 Sexual Assault Prevention and Response \(SAPR\) Program Procedures](#), effective July 7, 2015, [DoDI 6400.06 Domestic Abuse Involving DoD Military and Certain Affiliated Personnel](#), effective July 9, 2015, and [DoD Directive 1350.2 DoD Military Equal Opportunity \(MEO\) Program](#), effective June 8, 2015.